

# NAVIGATOR™ BY TUFTS HEALTH PLAN BENEFIT SUMMARY

**FEBRUARY 1, 2010**



Commonwealth of Massachusetts  
Group Insurance Commission

NAVIGATOR   
by TUFTS  Health Plan

# BENEFIT SUMMARY

Navigator™ by Tufts Health Plan is a preferred provider organization (PPO) plan that covers preventive and medically necessary health care services and supplies.

How this plan works:

- You are not required to choose a primary care provider (PCP).
- You do not need referrals.
- As described below, you can choose more affordable provider office visit copayments by selecting network specialists with an excellent or good quality and cost-efficiency rating.
- You can seek covered health care services in and out of the Tufts Health Plan network.
- You can choose more affordable inpatient hospital copayments by selecting network hospitals with an excellent quality and cost-efficiency rating.

Office visit copayments for network providers vary, depending on the type of provider you see.

- **PCPs, PCPs who are also specialists, and pediatricians**—Covered at \$20 per office visit
- **Massachusetts specialists in the following 13 specialties have been rated based on quality and cost-efficiency standards and are grouped in three tiers with the following copayments:** cardiology, dermatology, endocrinology, gastroenterology, neurology, obstetrics/gynecology, orthopedics, ophthalmology, otolaryngology, pulmonology, rheumatology, general surgery, and urology
  - ★★★ **Tier 1 (Excellent)**—Covered at \$25 per office visit
  - ★★ **Tier 2 (Good)**—Covered at \$35 per office visit
  - ★ **Tier 3 (Standard)**—Covered at \$45 per office visit
- **All other specialists\***—Covered at \$35 per office visit

Inpatient copayments at network hospitals vary according to the hospital you choose. Inpatient care at network hospitals is covered at two levels for adult medical/surgical care, obstetric care, and pediatric care:

- **Tier 1:** Hospitals with an excellent quality and cost-efficiency rating—\$300 copayment per admission
- **Tier 2:** Hospitals with a good quality and cost-efficiency rating—\$700 copayment per admission

You can review the Navigator Copayments for Inpatient Hospital Admissions list in this brochure.

## About This Plan's Deductible

- **In-Network deductible:** Effective February 1, 2010, plan members will be responsible for a deductible for some covered services received from providers in the Tufts Health Plan network. Once the deductible is reached, covered services received from a network provider will be covered in full until the next calendar year.
- **Out-of-Network deductible:** If you receive covered health care services from providers outside the Tufts Health Plan network, you will be responsible for a deductible, after which the plan will pay 80% of the reasonable charge for covered services up to the out-of-pocket maximum. Once you reach the out-of-pocket maximum, you are covered in full up to the reasonable charge for covered services received out of network for the remainder of the calendar year. You are responsible for costs in excess of the reasonable charge, even if you have met your out-of-pocket maximum.

\*Specialists in these 13 specialties who had insufficient information to be tiered, doctors in specialties that were not tiered, and specialists outside of Massachusetts.

## Deductible and Out-of-Pocket Maximum (per calendar year)

In-Network Deductible	\$250 individual; \$750 family
Out-of-Network Deductible	\$150 individual
Out-of-Pocket Maximum (Applies to out-of-network care only)	\$3,000 individual

Outpatient Medical Care	In-Network	Out-of-Network (After deductible)
Primary Care Physician office visits	\$20 per visit	Plan covers 80%
Specialist office visits	★★★ Tier 1 (Excellent)—\$25 per visit ★★ Tier 2 (Good)—\$35 per visit ★ Tier 3 (Standard)—\$45 per visit All other specialists: \$35 per visit	Plan covers 80%
Routine Physical Exams (One physical per calendar year for members 18 years and older)	\$20 per visit	Plan covers 80%
Walk-in, Limited Service Clinic visits	\$20 per visit	Plan covers 80%
Well-Child Care (See your Member Handbook for a schedule of covered routine physicals for children up to 18 years of age.)	\$20 per visit	Plan covers 80%
OB/GYN Care	★★★ Tier 1 (Excellent)—\$25 per visit ★★ Tier 2 (Good)—\$35 per visit ★ Tier 3 (Standard)—\$45 per visit	Plan covers 80%
Maternity Care (Excluding hospitalization)	Covered in full	Plan covers 80%
Diagnostic Imaging, Lab Tests	Covered in full after deductible	Plan covers 80%
Mammograms, Pap Smears	Covered in full	Plan covers 80%

Outpatient Medical Care (continued)	In-Network	Out-of-Network (After deductible)
Diagnostic Imaging - High-Tech Imaging (Such as MRIs, CT/CAT scans, PET scans, and nuclear cardiology)	\$100 per image; Maximum one copayment per day, then deductible applies	Plan covers 80%
Colonoscopy - Procedure Only	Covered in full	Plan covers 80%
Colonoscopy - Procedure with Treatment/Surgery	\$150 per visit	Plan covers 80%
Speech Therapy	\$20 per visit	Plan covers 80%
Short-Term Physical and Occupational Therapy (Up to 30 visits per calendar year for each type of therapy)	\$20 per visit	Plan covers 80%
Routine Eye Exams (One exam per 24 months)	\$20 per visit	Plan covers 80%
Spinal Manipulation (Up to 20 visits per calendar year)	\$20 per visit	Plan covers 80%
Inpatient Hospital Care and Surgery*	In-Network	Out-of-Network (After deductible)
Day Surgery (In-network only, maximum of 4 copayments per member per calendar year)	\$150, then deductible applies	Plan covers 80%
Inpatient Hospital - Adult Medical/Surgical Care - Obstetric Care - Pediatric Care	\$300 - Tier 1, then deductible applies \$700 - Tier 2, then deductible applies	Plan covers 80%
Maximum Number of Inpatient Hospital Copayments*	4 copayments per member per calendar year*	Not Applicable
Skilled Nursing In Skilled Nursing Facility (Maximum allowance of 45 days per member per calendar year, combined in- and out-of-network maximum)	Plan covers 80% after deductible	Plan covers 80%
Emergency Care	In- and Out-of-Network (Covered in full after applicable copay)	
In Emergency Room (Copay waived if admitted)	\$100 per visit, then deductible applies	
In Doctor's Office	\$20/\$25/\$35/\$45 per visit (Depending on physician copayment level)	
Mental Health and Substance Abuse	In- and Out-of-Network	
Outpatient Care	These services are administered by United Behavioral Health (UBH). For benefit information, contact UBH at: 1-888-610-9039. Or visit <a href="http://www.liveandworkwell.com">www.liveandworkwell.com</a> , access code 10910 for more information.	
Inpatient Care		
Other Services	In-Network	Out-of-Network (After deductible)
Durable Medical Equipment	Covered in full after deductible	Plan covers 80%
Ambulance	Covered in full after deductible	Covered in Full
Fitness Reimbursement	\$150 Reimbursement for gym membership fees per household**	
Pharmacy coverage***	30-day Supply at Retail Pharmacy	Up to 90-day Supply through Mail Order
Tier 1 Copayment	\$10	\$20
Tier 2 Copayment	\$25	\$50
Tier 3 Copayment	\$50	\$110

\*Members may only be responsible for one copayment if readmitted within 30 days in the same calendar year. Please call Member Services.

\*\*Please see Fitness Flyer for details.

\*\*\*When filling a prescription for a brand-name drug that has a generic equivalent, the member will be responsible for the copayment applicable to the generic plus the cost difference between the generic and the brand name, even when the prescribing physician indicates no substitutions. 60- and 90-day prescriptions are only available through mail order.

There are some services that the plan does not cover. These include, but are not limited to: A service or supply not described as covered in your Member Handbook • Exams required by a third party, such as your employer, an insurance company, school or court • Cosmetic surgery or any other cosmetic procedure except certain reconstructive procedures • Experimental or investigational drugs, services and procedures • Eyeglasses • Blood, blood donor fees, blood storage fees, blood substitutes, blood banking, cord blood banking, or blood products, except as described in your Member Handbook • Drugs for use outside of hospital except as covered under Prescription Drug Coverage • Personal comfort items • Custodial care • A service furnished to someone other than the member • Routine foot care, except as described in your Member Handbook • Charges incurred for stays in a covered facility beyond the discharge hour • Care for conditions that state or local law requires to be treated in a public facility • Medical or surgical procedures for sexual reassignment and reversal of voluntary sterilization • Foot orthotics, except therapeutic/molded shoes for an individual with severe diabetic foot disease • Spinal manipulation for members age 12 and under

**This is only a summary. Check your Member Handbook for full information.  
If you have additional questions, please contact Tufts Health Plan at 800-870-9488.**

# NAVIGATOR COPAYMENTS FOR INPATIENT HOSPITAL ADMISSIONS

Lower copayments in the chart below identify hospitals that meet Tufts Health Plan's standards for an excellent quality and cost-efficiency rating.

REGION	HOSPITAL	OBSTETRIC CARE COPAYMENT	PEDIATRIC CARE COPAYMENT	ADULT MEDICAL/SURGICAL CARE COPAYMENT
<b>MASSACHUSETTS</b>				
East	Anna Jaques Hospital	\$700	\$700	\$300
	Beth Israel Deaconess Medical Center - Needham	\$700 (NL*)	\$700 (NL*)	\$700
	Beth Israel Deaconess Medical Center	\$700	\$700 (NL*)	\$700
	Boston Medical Center	\$700	\$300	\$700
	Brigham and Women's Hospital	\$700	\$700 (NL*)	\$700
	Brockton Hospital	\$300	\$300	\$300
	Cambridge Health Alliance	\$300	\$700	\$300
	Cape Cod Hospital	\$300	\$300	\$300
	Caritas Carney Hospital	\$700 (NL*)	\$700 (NL*)	\$300
	Caritas Good Samaritan Medical Center	\$300	\$700 (NL*)	\$300
	Caritas Holy Family Hospital	\$300	\$700	\$700
	Caritas Norwood Hospital	\$700	\$300	\$300
	Caritas St. Elizabeth Medical Center	\$700	\$700 (NL*)	\$700
	Children's Hospital	\$700 (NL*)	\$700	\$700 (NL*)
	Emerson Hospital	\$700	\$700	\$700
	Falmouth Hospital	\$300	\$700 (NL*)	\$300
	Faulkner Hospital	\$700 (NL*)	\$700 (NL*)	\$300
	Hallmark Health Systems - (Lawrence Memorial or Melrose Wakefield Hospitals)	\$700	\$700 (NL*)	\$700
	Jordan Hospital	\$300	\$700	\$300
	Lahey Clinic Hospital	\$700 (NL*)	\$700 (NL*)	\$700
	Lawrence General Hospital	\$300	\$300	\$700
	Lowell General Hospital	\$300	\$300	\$300
	Massachusetts General Hospital	\$700	\$700	\$700
	Merrimack Valley Hospital	\$700 (NL*)	\$700 (NL*)	\$700
	Metro West Medical Center - (Framingham or Leonard Morse)	\$300	\$300	\$300
	Milton Hospital	\$700 (NL*)	\$700 (NL*)	\$700
	Morton Hospital and Medical Center	\$700	\$300	\$300
	Mount Auburn Hospital	\$700	\$700 (NL*)	\$700
	Newton-Wellesley Hospital	\$300	\$300	\$300
	North Shore Medical Center - (Salem or Union Campuses)	\$700	\$300	\$300
	Northeast Health System (Addison Gilbert or Beverly Hospitals)	\$700	\$300	\$300
	Quincy Medical Center	\$700 (NL*)	\$700 (NL*)	\$300
	Saints Memorial Medical Center	\$700	\$700 (NL*)	\$300
	South Shore Hospital	\$700	\$700	\$700
	Southcoast Health System - (Charlton Memorial Hospital)	\$300	\$700 (NL*)	\$700
	Southcoast Health System - (St. Luke's Hospital)	\$300	\$300	\$700
	Southcoast Health System - (Tobey Hospital)	\$700	\$700 (NL*)	\$700
	St. Anne Hospital	\$700 (NL*)	\$300	\$700
	Sturdy Memorial Hospital	\$700	\$700 (NL*)	\$700
	Tufts Medical Center	\$700	\$300	\$300
	Winchester Hospital	\$300	\$300	\$700

NL\* These hospitals are not grouped in a copayment/coinsurance level because they: (1) are a specialized hospital, (2) have fewer than 100 admissions per year for pediatrics or obstetrics, (3) do not provide pediatric or obstetric services, or (4) are a network hospital outside of Massachusetts. Members are encouraged to contact their treating provider or the hospital directly if they have questions about the services available at a specific hospital.

Please note that the status and copayment levels of our network of providers are effective as of July 1, 2009. For the most up-to-date status, please contact Member Services at 1-800-870-9488, or visit [tuftshealthplan.com/gic](http://tuftshealthplan.com/gic).

## OBSTETRIC SERVICES

These services include the inpatient care and treatment for any pregnancy-related condition, once a diagnosis of pregnancy has been confirmed. For example: childbirth, preterm labor, toxemia, and newborn care while mother and baby are in the hospital.

## PEDIATRIC SERVICES

These services include the inpatient care and treatment of members under age 18 for a medical or surgical condition.

## ADULT MEDICAL AND SURGICAL SERVICES

These services include the inpatient care and treatment of members, age 18 and older, for a medical or surgical condition. For example: gynecology, gastroenterology, cardiology, and orthopedics.

NOTE: All adult and pediatric transplants are covered with a \$300 copayment when authorized at a Transplant Center of Excellence.

Lower copayments in the chart below identify hospitals that meet Tufts Health Plan's standards for an excellent quality and cost-efficiency rating.

REGION	HOSPITAL	OBSTETRIC CARE COPAYMENT	PEDIATRIC CARE COPAYMENT	ADULT MEDICAL/SURGICAL CARE COPAYMENT
Central	Athol Memorial Hospital	\$700 (NL*)	\$700 (NL*)	\$700
	Clinton Hospital	\$700 (NL*)	\$700 (NL*)	\$700
	Harrington Memorial Hospital	\$700	\$700	\$700
	Health Alliance Hospitals Inc.	\$300	\$700	\$300
	Henry Heywood Memorial Hospital	\$300	\$300	\$300
	Hubbard Regional Hospital	\$700 (NL*)	\$700 (NL*)	\$700
	Marlborough Hospital	\$700 (NL*)	\$700 (NL*)	\$300
	Milford-Whitinsville Regional Hospital	\$300	\$300	\$300
	Nashoba Valley Medical Center	\$700 (NL*)	\$700 (NL*)	\$700
	St. Vincent Hospital	\$300	\$300	\$300
	UMASS Memorial Medical Center	\$300	\$700	\$700
West	Baystate Medical Center	\$700	\$300	\$300
	Berkshire Medical Center	\$700	\$300	\$700
	Cooley Dickinson Hospital	\$300	\$300	\$700
	Fairview Hospital	\$700	\$700 (NL*)	\$700
	Franklin Medical Center	\$700	\$700 (NL*)	\$700
	Holyoke Hospital	\$700	\$700 (NL*)	\$300
	Mary Lane Hospital	\$700	\$700 (NL*)	\$300
	Mercy Hospital	\$300	\$700 (NL*)	\$300
	Noble Hospital	\$700 (NL*)	\$700 (NL*)	\$300
	North Adams Regional Hospital	\$700	\$700 (NL*)	\$700
<b>NEW HAMPSHIRE</b>				
	Catholic Medical Center	\$700 (NL*)	\$700 (NL*)	\$700 (NL*)
	Elliot Hospital	\$700 (NL*)	\$700 (NL*)	\$700 (NL*)
	Exeter Hospital	\$700 (NL*)	\$700 (NL*)	\$700 (NL*)
	Mary Hitchcock Memorial Medical Center	\$700 (NL*)	\$700 (NL*)	\$700 (NL*)
	Parkland Medical Center	\$700 (NL*)	\$700 (NL*)	\$700 (NL*)
	Portsmouth Regional Hospital	\$700 (NL*)	\$700 (NL*)	\$700 (NL*)
	Southern N.H. Regional Medical Center	\$700 (NL*)	\$700 (NL*)	\$700 (NL*)
	St. Joseph Hospital	\$700 (NL*)	\$700 (NL*)	\$700 (NL*)
<b>RHODE ISLAND</b>				
	Kent County Hospital	\$700 (NL*)	\$700 (NL*)	\$700 (NL*)
	Landmark Medical Center	\$700 (NL*)	\$700 (NL*)	\$700 (NL*)
	Memorial Hospital of R.I.	\$700 (NL*)	\$700 (NL*)	\$700 (NL*)
	Miriam Hospital	\$700 (NL*)	\$700 (NL*)	\$700 (NL*)
	Newport Hospital	\$700 (NL*)	\$700 (NL*)	\$700 (NL*)
	Rhode Island Hospital - including Hasbro Children's Hospital	\$700 (NL*)	\$700 (NL*)	\$700 (NL*)
	Roger Williams Medical Center	\$700 (NL*)	\$700 (NL*)	\$700 (NL*)
	South County Hospital Healthcare System	\$700 (NL*)	\$700 (NL*)	\$700 (NL*)
	St. Joseph's Hospital	\$700 (NL*)	\$700 (NL*)	\$700 (NL*)
	The Westerly Hospital	\$700 (NL*)	\$700 (NL*)	\$700 (NL*)
	Women and Infants Hospital	\$700 (NL*)	\$700 (NL*)	\$700 (NL*)

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Tufts Health Plan used the methodology described at [tuftshealthplan.com](http://tuftshealthplan.com) to develop the Navigator Inpatient Hospital List. This hospital list and the Quality-Cost Value Index are two tools among many to help you and your physician determine the most appropriate place for you to receive your care.

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# QUALITY-COST VALUE INDEX

This Quality-Cost Value Index offers more specific information which Tufts Health Plan used in determining whether a hospital was grouped in Tier 1 or Tier 2 on the Navigator Inpatient Hospital List. The index illustrates each hospital's quality score and its cost score, giving you more information to make decisions about where to seek care. Individual hospital information is based on a quartile system. For example, a hospital with a quality score in the top 25 percent will receive four stars, and conversely, a hospital with a quality score in the bottom 25 percent will receive one star.

Hospital	Obstetrics		Pediatrics		Adult Med/Surg	
	COST SCORE	QUALITY SCORE	COST SCORE	QUALITY SCORE	COST SCORE	QUALITY SCORE
Anna Jaques Hospital	\$	★	\$	★	\$	★★
Athol Memorial Hospital	n/a	n/a	n/a	n/a	\$	★
Baystate Medical Center	\$\$\$	★★★★	\$	★★★★	\$\$	★★★★
Berkshire Medical Center	\$\$\$	★★★	\$\$	★★★★	\$\$\$\$	★★★★
Beth Israel Deaconess Medical Center - Needham	n/a	n/a	n/a	n/a	\$\$	★
Beth Israel Deaconess Medical Center	\$\$\$\$	★★★★	n/a	n/a	\$\$\$\$	★★★★
Boston Medical Center	\$	★	\$	★★	\$	★
Brigham and Women's Hospital	\$\$\$\$	★★★★	n/a	n/a	\$\$\$\$	★★★★
Brockton Hospital	\$	★★★★	\$	★★★★	\$	★★★
Cambridge Health Alliance	\$	★★★	\$\$	★	\$	★★
Cape Cod Hospital	\$	★★★★	\$	★★★	\$	★★★
Caritas Carney Hospital	n/a	n/a	n/a	n/a	\$\$	★★★
Caritas Good Samaritan Medical Center	\$	★★★★	n/a	n/a	\$	★★★
Caritas Holy Family Hospital	\$\$	★★★★	\$	★	\$	★
Caritas Norwood Hospital	\$	★★	\$	★★	\$	★★★
Caritas St. Elizabeth Medical Center	\$\$\$	★★★	n/a	n/a	\$\$\$\$	★★★
Children's Hospital	n/a	n/a	\$\$\$\$	★★★★	n/a	n/a
Clinton Hospital	n/a	n/a	n/a	n/a	\$\$	★
Cooley Dickinson Hospital	\$\$	★★★	\$\$	★★★	\$\$\$\$	★★★★
Emerson Hospital	\$\$	★	\$\$	★	\$\$	★
Fairview Hospital	\$\$\$\$	★	n/a	n/a	\$\$\$	★★
Falmouth Hospital	\$	★★★	n/a	n/a	\$	★★★★
Faulkner Hospital	n/a	n/a	n/a	n/a	\$\$	★★★★
Franklin Medical Center	\$\$	★★★	n/a	n/a	\$\$	★★
Hallmark Health Systems - (Lawrence Memorial or Melrose Wakefield Hospitals)	\$\$	★★	n/a	n/a	\$\$	★★
Harrington Memorial Hospital	\$	★	\$\$	★	\$\$	★
Health Alliance Hospitals Inc.	\$	★★★	\$	★★	\$	★★★★
Henry Heywood Memorial Hospital	\$	★★	\$	★★	\$	★★★★
Holyoke Hospital	\$	★	n/a	n/a	\$	★★★
Hubbard Regional Hospital	n/a	n/a	n/a	n/a	\$	★
Jordan Hospital	\$	★★	\$\$	★★	\$	★★
Lahey Clinic Hospital	n/a	n/a	n/a	n/a	\$\$\$\$	★★★★
Lawrence General Hospital	\$	★★★	\$	★★★	\$	★

n/a = refers to hospitals that have less than 100 admissions in a given specialty and, therefore, were not rated

## KEY

### COST

Q1 – \$	25th percentile or less (least costly)
Q2 – \$\$	26th - 50th percentile
Q3 – \$\$\$	51st - 75th percentile
Q4 – \$\$\$\$	76th percentile or more (most costly)

### QUALITY

Q1 – ★★★★★	76th percentile or more (highest quality)
Q2 – ★★★★	51st - 75th percentile
Q3 – ★★★	26th - 50th percentile
Q4 – ★	25th percentile or less (lowest quality)



Hospital	Obstetrics		Pediatrics		Adult Med/Surg	
	COST SCORE	QUALITY SCORE	COST SCORE	QUALITY SCORE	COST SCORE	QUALITY SCORE
Lowell General Hospital	\$	★★★★	\$	★★★	\$	★
Marlborough Hospital	n/a	n/a	n/a	n/a	\$	★★★★
Mary Lane Hospital	\$	★	n/a	n/a	\$	★★★
Massachusetts General Hospital	\$\$\$\$	★★★★	\$\$\$	★★★	\$\$\$\$	★★★★
Mercy Hospital	\$	★	n/a	n/a	\$	★★
Merrimack Valley Hospital	n/a	n/a	n/a	n/a	\$	★
Metro West Medical Center - (Framingham or Leonard Morse)	\$	★★★	\$	★★	\$	★★★
Milford-Whitinsville Regional Hospital	\$	★★★★	\$\$	★★★	\$\$	★★★★
Milton Hospital	n/a	n/a	n/a	n/a	\$	★
Morton Hospital and Medical Center	\$	★	\$	★★	\$	★★★
Mount Auburn Hospital	\$\$\$\$	★★★★	n/a	n/a	\$\$\$\$	★
Nashoba Valley Medical Center	n/a	n/a	n/a	n/a	\$	★★
Newton-Wellesley Hospital	\$\$\$	★★★★	\$\$	★★★★	\$\$	★★★★
Noble Hospital	n/a	n/a	n/a	n/a	\$	★★
North Adams Regional Hospital	\$\$	★★★	n/a	n/a	\$\$\$\$	★★
North Shore Medical Center - (Salem or Union Campuses)	\$\$\$	★★★	\$\$	★★★★	\$\$	★★★★
Northeast Health System (Addison Gilbert or Beverly Hospitals)	\$\$	★★★	\$\$	★★★	\$	★★★
Quincy Medical Center	n/a	n/a	n/a	n/a	\$	★★★
Saints Memorial Medical Center	\$	★	n/a	n/a	\$	★★
South Shore Hospital	\$\$	★★	\$	★	\$	★
Southcoast Health System - (Charlton Memorial Hospital)	\$	★★★	n/a	n/a	\$\$\$	★★
Southcoast Health System - (St. Luke's Hospital)	\$	★★★★	\$	★★★	\$\$\$	★
Southcoast Health System - (Tobey Hospital)	\$	★	n/a	n/a	\$\$	★
St. Anne Hospital	n/a	n/a	\$	★★★	\$\$	★★★
St. Vincent Hospital	\$	★★★	\$\$	★★	\$	★★★
Sturdy Memorial Hospital	\$	★	n/a	n/a	\$\$\$	★
Tufts Medical Center	\$\$	★★	\$	★★★★	\$\$	★★★
UMASS Memorial Medical Center	\$\$	★★★	\$\$\$	★★	\$\$\$\$	★★★
Winchester Hospital	\$	★★★	\$\$	★★★	\$\$	★★
Wing Memorial Hospital	n/a	n/a	n/a	n/a	\$\$	★★★

n/a = refers to hospitals that have less than 100 admissions in a given specialty and, therefore, were not rated

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## KEY

### COST

Q1 – \$	25th percentile or less (least costly)
Q2 – \$\$	26th - 50th percentile
Q3 – \$\$\$	51st - 75th percentile
Q4 – \$\$\$\$	76th percentile or more (most costly)

### QUALITY

Q1 – ★★★★★	76th percentile or more (highest quality)
Q2 – ★★★★	51st - 75th percentile
Q3 – ★★★	26th - 50th percentile
Q4 – ★	25th percentile or less (lowest quality)

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Watertown, MA 02472

Member Services 1-800-870-9488  
[tuftshealthplan.com/gic](http://tuftshealthplan.com/gic)

18531-12/09



**TUFTS**  **Health Plan**

Administered by Tufts Benefit Administrators, Inc.,  
a Tufts Health Plan company